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E T O N

U R B A N D I S T R I C T C O U N C I L

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and the

CHIEF SANITARY INSPECTOR.



ETON URBAN DISTRICT COUNCIL.

Public Health and General Purposes Committee.

January to May, 1954.

Chairman:
Councillor J.T.Ireland J.P.,C.C.

Councillor H.F.Bright.

" A.G.E.Greaves.
" Mrs.W.H.Hay.
" B.J.W.Hill.
" P.V.Mackinnon.
" H.Pardy.
" B.T.Wolfe.

Health, Highways and Works Committee.

May to December, 1954.

Chairman:
Councillor B.J.W.Hill.

Councillor Mrs.A.Van Oss.

" Mrs.F.I.Wilson.
" H.F.Bright.
" C.H.Christie.
" A.G.E.Greaves.
" H.Pardy.
" B.T.Wolfe.

Eton Urban District Council.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

For the Year 1954.

To the Chairman and Members of the Eton Urban District Council.

MR, CHAIRMAN, LADIES AND GENTLEMEN,

It is my privilege to present the Annual Report on the state of health and sanitary circumstances of the district for the year 1954.

The Registrar General's estimation of the population of the district at Mid 1954 is 4,780 compared with the figure 4,723 at Mid 1953. This is an increase of 57. The natural increase in population, that is births minus deaths is 19, which means that the number of immigrants was 38.

During the past 10 years the population has increased steadily but only little from year to year. Having regard to the general features of the district the indication is that there is not likely to be any unusual development which will alter the gradual increase, but that it will probably be halted before it reaches 6,000.

Glancing at the figures for Births and Deaths over the past 10 years, it can be seen that the number of deaths has remained amazingly constant. For example in 1944 there were 31, in 1945 there were 32 and in 1951 and 1954 there were 30.

The number of births on the other hand showed a sudden rise in 1945 (at the end of the war), e.g. in 1944 there were 34 and in 1945 there were 57. The peak so far seems to have been reached in 1953 when there were 71 births.

Of the deaths 8 were due to malignant diseases of all descriptions and 8 were due to heart diseases. These were the principal causes of death. There were no deaths from Tuberculosis.

The death rate generally from Tuberculosis throughout the country has shown a definite tendency to fall during the last 5 - 10 years and this can undoubtedly be attributed largely to the development of new drugs such as Streptomycin, Para-Animo-Salicylic Acid(P.A.S) and Isoniazid. It may be anticipated also that B.C.G. Vaccination will in future play an important part in controlling the spread of infection by producing in the recipient an active immunity by the intradermal inoculation of a special culture of attenuated live bacilli. Further progress was made during the year by the County Council

under the official scheme for vaccination of selected groups of the population and with the approval of the Ministry of Education plans were completed for the extension of vaccination to school children during the year preceding their fourteenth birthday.

The number of cases remaining on the T.B. register at the end of the year was 49 compared with 40 at the end of the previous year. The number of new notifications was double that of 1953 although the total for the year was very small, being only 8, and there were no deletions from the register due to death, removal from the district or denotifications.

In looking at the statistics in the report it should be remembered that when "Rates" are quoted as opposed to actual numbers, any apparent abnormal variation in rates cannot "per se" be regarded as an indication of a serious change in events, owing to the extremely small numbers to which they refer. For example we find that one infant death this year under the heading Infant Mortality gives a mortality rate per 1,000 live births of 20.4.

This is the first time I have been able to record that no notifications of measles have been received. Although in 1944 and again in 1948 only one case was reported we find in 1950 there were 105 and in 1952 there were 103. It is anticipated that the pendulum may swing again next year.

There were 10 cases of Whooping Cough and 3 cases of Scarlet Fever, both of which, allowing for the occasional peak years are about average.

Once again it is gratifying to note that there was only one case of Food Poisoning and no Dysentery because in so far as these two diseases are actually due to faulty personal hygiene they are more readily preventable than many other infections.

No action was necessary during the year under Sections 47 or 50 of the National Assistance Act, 1948 and 1951.

The social and environmental circumstances in which the aged and chronic sick in the area are living is a matter which concerns the District Medical Officer of Health and on which he is frequently consulted. Everything relating to social and environmental conditions is primarily the concern of the District Medical Officer of Health and one of his important functions should be that of keeping the aged from falling into such a state that they require institutional care either in institutions for the chronic sick or in homes for the aged.

In a divided health service the efforts of different workers in this field may be dissipated unless the administration provides for proper co-operation with the Medical Officer of Health of the Sanitary Authority.

and

Immunisation of the infant/school child population in the area against Diphtheria and Whooping Cough has been carried out in

accordance with the arrangements made by the County Council at the two Maternity and Child Welfare Clinics and at schools.

The combined Diphtheria/Whooping Cough vaccine has been used in the case of infants, consisting of 3 injections at intervals of one month, and in the case of school children a single "Booster" dose of prophylactic vaccine (A.P.T.) against Diphtheria only has been given at the age of 5 years on entering school and again at 10 years of age. The actual figures relating to this district are shown in the tables later in the report.

The supervision of Dairies and the sampling of milk supplies at the source in this area is the function of the Food and Drugs Authority (VIZ. the County Council,) who together with the Ministry of Agriculture and Fisheries work in co-operation as regards the following up and eradication of any infections. When any infection is found, the District Medical Officer of Health is informed in accordance with Article 20 of the Milk and Dairies Regulations, 1949, in order that he may have the opportunity of taking any action he considers necessary.

Under the Food and Drugs (Milk and Dairies and Artificial Cream) Act, 1950, Section 23, the Minister is empowered to make Orders specifying areas within which all milk sold by retail must conform to the requirements of the Milk (Special Designation) (Pasteurized and Sterilized Milk) Regulations, 1949, and 1950, and the Milk (Special Designation) (Raw Milk) Regulations, 1949 and 1950. This means that within such specified areas milk of a special designation only, (that is Pasteurized, Sterilized, or Tuberculin Tested Milk) may be sold.

This district is now included in one of the areas in which such Orders have been made and as pasteurization is an adequate safeguard against all the common milk infections including Brucellosis and Tuberculosis which are diseases still commonly found in cattle, the dangers to the community have been greatly reduced.

I should like to take this opportunity of thanking all members for their consideration and the staff for their willing help on many occasions.

I am,

Your Obedient Servant,

G. HOBBIN.

Medical Officer of Health.



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SECTION 1.GENERAL STATISTICS.

Area.....	969.3 acres.
Number of inhabited houses at end of 1954. (according to the Rate Books).....	1,133.
Rateable Value at 1.4.54.....	.....	£46,214.
Product of Penny Rate. (1953/1954).....	.....	£186,14.6d.
Population. (Registrar General's estimate for mid year).....	.....	4,780.

VITAL STATISTICS.

<u>Live Births.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate.....	25	23	48
Illegitimate.....	-	1	1
	—	—	—
Totals:	25	24	49
	—	—	—
Birth Rate per 1,000 population.....	.....	10.251.	
National Rate.....	.....	15.2	
Comparability Factor.....	.....	1.15	
<u>Still Births.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate.....	1	-	1
Illegitimate.....	-	-	-
	—	—	—
Totals:	1	-	1
	—	—	—
Still Birth Rate per 1,000 Total Births.....	.....	20.00.	
Still Birth Rate per 1,000 Population.....	.....	0.21.	
National Rate (per 1,000 Population).....	.....	0.34.	

Deaths.

Total:	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
	15	15	30

Crude Death Rate per 1,000 population..... 6.30.

Corrected Death Rate - allowing for sex and age.
(Comparability Factor = 1.31)..... 8.25.

National Death Rate..... 11.3.

Ratio of Corrected Death Rate to National..... 0.14.

Infant Mortality - (Deaths of Infants under 1 year of age).

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate.....	1	-	1
Illegitimate.....	-	-	-
	—	—	—
	1	-	1
	—	—	—

Death Rate for all Infants per 1,000 Live Births..... 20.40.

National Rate..... 25.5.

Death Rate for Legitimate Infants per 1,000 Legitimate Births. 20.83.

Death Rate for Illegitimate Infants per 1,000 Illegitimate Births. Nil.

Neo - Natal Mortality. (Deaths of Infants under 4 weeks of age).

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate.....	1	-	1
Illegitimate.....	-	-	-
	—	—	—
	1	-	1
	—	—	—

Death Rate for all Infants under 4 weeks per 1,000 Live Births..20.40.

Mortality of Children under 2 years from Enteritis and Diarrhoea.

Total Deaths.....Nil.

Death Rate per 1,000 Live Births....Nil.

National Rate..... 3.2.

Maternal Mortality. - (Deaths due to or associated with pregnancy and childbirth).

Total from all causes (excluding abortion).....Nil.

Maternal Mortality Rates per 1,000 Total Births and National Rates.

	<u>Eton Urban District.</u>	<u>England and Wales.</u>
a) Maternal causes, excluding abortion.....	Nil.	0.58.
b) Due to abortion.....	Nil.	0.11.
c) Total maternal mortality.....	Nil.	0.69.

CAUSES OF DEATH in the Eton Urban District during 1954.

		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
	All Causes....30.	15	15	30
1.	Tuberculosis, Respiratory.....	-	-	-
2.	Tuberculosis, other.....	-	-	-
3.	Syphilitic diseases.....	-	-	-
4.	Diphtheria.....	-	-	-
5.	Whooping Cough.....	-	-	-
6.	Meningococcal infections.....	-	-	-
7.	Acute Poliomyelitis.....	-	-	-
8.	Measles.....	-	-	-
9.	Other infective and parasitic diseases...	-	-	-
10.	Malignant neoplasm - stomach.....	-	1	1
11.	Malignant neoplasm - lungs.....	2	-	2
12.	Malignant neoplasm - breast.....	-	-	-
13.	Malignant neoplasm - uterus.....	-	-	-
14.	Other malignant and lymphatic neoplasm..	2	3	5
15.	Leukaemia, aleukaemia.....	-	-	-
16.	Diabetes.....	-	-	-
17.	Vascular lesions of nervous system.....	2	4	6
18.	Coronary disease, angina.....	1	2	3
19.	Hypertension with heart disease.....	-	-	-
20.	Other heart disease.....	3	2	5
21.	Other circulatory disease.....	-	-	-
22.	Influenza.....	-	-	-
23.	Pneumonia.....	-	1	1
24.	Bronchitis.....	1	1	2

		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
25.	Other diseases of the respiratory system.....	1	-	1
26.	Ulcer of stomach and duodenum.....	-	-	-
27.	Gastritis, enteritis and diarrhoea.....	-	-	-
28.	Nephritis and nephrosis.....	-	-	-
29.	Hyperplasia of prostate.....	-	-	-
30.	Pregnancy, childbirth, abortion,.....	-	-	-
31.	Congenital malformations.....	-	-	-
32.	Other defined and ill defined diseases.....	2	-	2
33.	Motor vehicle accidents.....	1	-	1
34.	All other accidents.....	-	-	-
35.	Suicide.....	-	1	1
36.	Homicide and operations of war.....	-	-	-
<hr/>				
Totals:		15	15	30.
<hr/>				

TABLE 1.

Deaths and Death Rate per 1,000 Population from Principal Causes, 1950 - 1954.

A = No. of Deaths.

B = Death Rate.

1950. 1951. 1952. 1953. 1954.

Cause.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.
T.B. Respiratory.	-	-	2	0.47	1	0.21	-	-	-	-
Malignant Diseases All types.	7	1.54	6	1.28	6	1.29	4	0.84	8	1.68
Pneumonia.	2	0.44	2	0.427	-	-	-	-	1	0.21
Bronchitis.	3	0.66	5	1.07	-	-	-	-	2	0.42
Diabetes.	1	0.22	-	-	-	-	-	-	-	-
Vascular lesions of nervous system.	7	1.54	4	0.85	5	1.05	7	1.48	6	1.26
Diseases of the heart all types.	17	3.74	7	1.50	10	2.10	8	1.68	8	1.68
Congenital Malformation.	-	-	-	-	-	-	1	0.21	1	0.21
Other Circulatory Diseases.	1	0.22	2	0.427	1	0.21	-	-	-	-

TABLE II.

Comparison of Local and National Birth Rates, Death Rates and Infant Mortality Rates
from 1944 - 1954.

Year.	Birth Rates per 1,000 Population.	Death Rates per 1,000 Population.	Infant Mortality Rates (i.e. under 1 year of age, per 1,000 Live Births).
Eton Urban District.	England & Wales.	Eton Urban District.	England & Wales.
1944.	12.0 (34)	17.6	7.9 (31)
1945.	14.4 (57)	16.1	7.5 (32)
1946.	15.9 (53)	19.1	7.2 (32)
1947.	16.6 (55)	20.5	9.3 (42)
1948.	14.6 (67)	17.9	8.9 (41)
1949.	8.2 (38)	16.7	8.0 (37)
1950.	14.3 (65)	11.6	11.7
1951.	11.3 (53)	15.8	9.91 (45)
1952.	10.08(47)	6.40 (30)	12.5
1953.	15.00(70)	15.3	6.92 (32)
1954.	10.3 (49)	15.2	6.3 (30)

Note: The actual numbers are given in parenthesis for the purpose of clearer comparison.
(10)

SECTION II.
TABLE III.

T U B E R C U L O S I S.

Showing New Cases Notified and Hospital Admissions in Age Groups.

Age Periods.	Pulmonary.			Non Pulmonary			Combined Totals.	Number admitted to hospital.	Previously Notified.
	Male	Female	Total.	Male	Female	Total.			
0 - 5	-	1	-	-	-	-	1	-	-
5 - 15	-	2	-	-	-	-	2	-	-
15 - 25	-	-	-	-	-	-	-	-	-
25 - 35	-	2	-	-	-	-	3	-	-
35 - 45	1	1	-	1	1	-	1	3	-
45 - 55	1	-	-	-	-	-	-	-	-
55 - 65	-	-	-	-	-	-	-	-	-
65 and over.	-	-	-	-	-	-	-	-	-
Totals:	2	5	7	-	-	-	1	8	4

TABLE IV.

Notification Register - Additions and Deletions.

ADDITIONS.

Pulmonary.			Non Pulmonary.			Combined Totals.
Male	Female	Total.	Male	Female	Total.	
19	11	30	7	3	10	40
2	5	7	-	1	1	8
1	-	1	-	-	-	1

DELETIONS.

No. removed from Register due to:-	a) Death.	b) Removed from District.	c) Denotification.	No. remaining on Register at 31.12.54.
-	-	-	-	22
-	-	-	-	16
-	-	-	-	38

No. remaining on Register at 31.12.54.

22

16

38

4

11

49

TABLE V.
MORTALITY.

Comparison of Deaths from Tuberculosis during 1954 with previous years.

Year.	Population.	Pulmonary.		Non Pulmonary.		Combined Totals.	Death Rate per 1,000 population.
		Male	Female	Male	Female		
1944	3,920	1	1	1	-	3	0.63
1945	4,280	-	-	-	1	1	0.21
1946	4,414	2	-	-	1	3	0.63
1947	4,513	2	-	-	-	2	0.42
1948	4,590	-	-	-	-	-	-
1949	4,570	-	-	-	-	-	-
1950	4,540	-	-	-	-	-	-
1951	4,676	-	-	1	1	2	0.42
1952	4,664	-	-	-	-	1	0.21
1953	4,723	-	-	-	-	-	-
1954	4,780	-	-	-	-	-	-

SECTION III.

TABLE VI.

Prevalence of Notifiable Diseases.

Showing cases notified during 1954, numbers admitted to hospitals and deaths.

Also notifications for years 1944 - 1954.

Disease.	Cases notified	Hospital Admissions.	Deaths 1954.	Notifications.									
				1953	1952	1951	1950	1949	1948	1947	1946	1945	1944
Smallpox.	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever.	3	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria.	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric Fever.	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal	-	-	-	-	-	-	-	-	-	-	-	-	-
Pyrexia.	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia.	1	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas.	1	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia	-	-	-	-	-	-	-	-	-	-	-	-	-
Neonatorum.	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles.	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough.	10	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal	-	-	-	-	-	-	-	-	-	-	-	-	-
Infection.	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis.	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) Paralytic.	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) Non "	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis.	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) Infective.	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) Post Infectious.	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery.	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning.	1	-	-	-	-	-	-	-	-	-	-	-	-
Malaria.	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis.	-	-	-	-	-	-	-	-	-	-	-	-	-
a) Pulmonary.	7	3	1	-	-	-	-	-	-	-	-	-	-
b) Non "	1	1	1	-	-	-	-	-	-	-	-	-	-

TABLE VII.

Immunisation and Re - Immunisation.

	Primary Immunisation.			Re-Immunisation.	
	Age at date of final injection. Total.				
	Under 1 year.	1 - 4 years.	5 - 14 years.		
Diphtheria only.	1	2	1	4	91
Diphtheria/Whooping Cough combined.	47	9	-	56	-
Whooping Cough only.	-	-	-	-	-

IMMUNISATION.

The above table shows the number of primary immunisations and re - immunisations in three age groups against Diphtheria alone, Whooping Cough alone and Diphtheria and Whooping Cough combined which have been carried out in the district during the year 1954. Under five years of age the combined protection is by far the most popular, and although one still meets parents who cannot be convinced of its value, the Community in general are much more enlightened on the subject than they were several years ago.

Although we have been free from this disease in our district for a number of years, other parts of the country have not been so fortunate and the potential danger of a more widespread flare up cannot be ignored. The Chief Medical Officer to the Ministry of Health has pointed out that only if an adequate level of immunisation is maintained throughout the country can we finally be rid of diphtheria altogether.

The object we must ever have in mind is to secure the immunisation of not less than 75% of babies before their first birthday. The national figure in 1951 was 28% and in 1953 it was 30.4%. During the first half of 1954 it rose to 35.75% but still this figure is regrettably low and is cause for serious concern.

As the estimate of child population supplied by the Registrar General each year is no longer broken down to County Districts it is impossible to calculate what percentage of the Eton Urban District is immunised.

Figures for the County as a whole are available and it is estimated that the percentage of children who have been immunised during the past 5 years is 50% and the percentage who have been immunised at any time is 75%.

Vaccination.

Vaccination against smallpox is undertaken by medical practitioner in the area and it is left to the parents to make their own arrangements with the family doctor.

It is unlikely that it will be considered necessary for this to be offered as a service at Child Welfare Centres except perhaps in the event of an epidemic of smallpox.

No information is available as to what percentage of the population is vaccinated against smallpox as statistics relate only to the number of persons vaccinated and re - vaccinated during the year.

In this district there were 43 persons vaccinated and 5 re - vaccinated during 1954.

In England and Wales during 1953 there were 231,200 primary vaccinations done under the age of one year, and when this is related to the 679,757 births during the twelve months period ending 30th June, 1953, this presents an infant vaccination "acceptance rate" of 34.0 per cent.

An outbreak of smallpox will always cause a sudden rise in vaccination locally and it is reasonable to suppose that this would to some extent affect the national figure, but from a study of this subject and the statistics available there appears to be a tendency for the "acceptance rate" to rise slowly irrespective of the occurrences of smallpox.

Apart from infants and the occurrence of smallpox, the demand for vaccination is quite likely associated with the International Sanitary Regulations and the necessity for travellers to certain countries to hold a valid certificate of vaccination against smallpox.

Some Health Authorities abroad require every person entering their country to hold such a certificate, while others (e.g. Australia) require this only from persons travelling by air.

Similar International Certificates are required in respect of other diseases, and no matter whether the vaccination or inoculation is carried out by the traveller's family doctor or at a hospital or special centre for the purpose, the certificate has to be authenticated by the Medical Officer of Health of the Sanitary Authority in which it was performed, or by some other medical officer who has been specially authorised to do so.

A large number of these International Certificates of vaccination and inoculation are dealt with by me on behalf of this Authority every year.

Age Structure of the Population and the Aged.

We have means of obtaining in this area a variety of useful statistics, but none which enable me to say how many aged people (viz. of pensionable age) we have in this district or the circumstances in which they are living or whether they might benefit from some form of assistance.

A certain amount of information comes to light from various sources but far too often it is only when they have degenerated to the level of requiring immediate care and attention that their plight is brought to notice.

National statistics on this subject are however available and earlier this year (1955) Lord Beveridge drew attention to a number of important facts. In the absence of any system of notification of aged persons we must continue to grope our way and we can only assume that in many respects the general features which apply nationally must to some extent exist locally. In any case, the problem of the aged is perhaps the main social problem facing us in this generation, and it is the result of a dramatic decline in the birth rate in Britain 75 years ago which changed the age structure of our population. In 1901, for 22 million people of working age we had in this country 12 million children under 15 and $2\frac{1}{4}$ million persons of pensionable age. In 1951 for 22 million of working age we had less than 6 million children under 15 and $6\frac{3}{4}$ million of pensionable age. It is estimated that in 1979 we shall have $5\frac{1}{2}$ million children and $9\frac{1}{2}$ million of pensionable age. For every person of pensionable age in 1901 we had 10 of working age to maintain him, but in 1951 we only had 3 working to one pensionable. Whatever the problem is today it is forecast that it will be 40 per cent or 50 per cent greater in future.

The essence of ageing is decline of faculties, which is unpredictable in date and severity but inevitable in the end. The principal agency for the care of the aged is and always should be the family, but the change of age structure makes this task harder for the family than ever before. The needs of old people are variable factors. Some require permanent hospital care, and others occasional institutional treatment. There are many others however, no doubt the large majority who enjoy normal health but have a growing need for special housing, some help in doing the ordinary tasks of daily life, some form of occupation and for company.

The Home Help organisation has been criticized by some who are very competent to judge as trifling in proportion to the need.

The whole problem which is one which merits the concentrated action of all who are interested and of all who have a duty to concern themselves with social and environmental matters. This means co-operation between all types of Local Authorities as well as the hospitals, family doctors, National Assistance Board and Voluntary Organisations, in order to make certain that old people who are living alone and fail gradually, are discovered before their failing becomes a tragedy.

Accidents in the Home.

It has been noted that in some parts of the country Medical Officers of Health have shown considerable interest in the subject of accidents in the home, and in spite of the absence of any local statistics relating to our area I feel that the subject is of sufficient importance to justify a few remarks in this report.

In the first place of course there are no records available anywhere in the country relating to the actual number of accidents in the home in any year, or even the number of accidents treated in hospital but it is known that accidents are now the fifth cause of death, and children between the ages of 1 and 5 years accidents in the home are the third cause of death.

In England and Wales the number of deaths from this cause is available and between 1940 and 1949 it was recorded that 60,000 people died from accidents in the home as compared with 48,000 in road accidents, and one is supposed to be much safer at home than on the public highway. What happens in the home is seldom a matter of public concern and even the most serious mishaps may be known to no one but the family themselves.

Again as a matter of comparison, the slightest road accident is drama. It receives every possible publicity (not by intention) both at the site and possibly also in the local or national press. Very accurate and detailed records are therefore available and this is quite likely associated with the financial aspects in the shape of possible claim and the insurance money involved.

We now have a good National Health Service and good hospitals and therefore many of those injured at home will survive, but how often do they survive in a condition which prevents them earning their living or playing their full part as citizens?

We find as we might expect that the age group most susceptible to accidents in the home are young children and the aged. The actual causes are much too diverse to be enumerated here but every one who thinks of the subject for even a few moments could name quite a list either from experience or imagination. It is interesting to note that the greatest number of fatal accidents are caused by people falling down in one way or another and that more falls occur "on the same level" than in going up or downstairs. Also that about twice as many women die from this cause than men,

Highly polished floors are a menace at all ages, while the fitted carpet is a good although expensive safety device, and for old people rubber floor covering in the kitchen and bathroom is ideal.

There is still room for a great deal of research in the production of a non - inflammable material which would be suitable all round for the manufacture of fabrics and which could be made to sell at

a competitive price. Beautiful materials can of course be made from glass and these will not catch fire but they have certain disadvantages which limit their usefulness.

Faulty gas taps, electric wiring and apparatus are causes of almost daily occurrence. The advantages of the Heating Appliances (Fireguards) Act, 1952 will not be observed for some considerable time to come as it is only on new apparatus that these guards have to be fixed. Also, the Act relates only to gas and electric fires and there is no compulsion to place guards on coal fires.

Structural housing defects could be responsible for many accidents particularly in the aged but also in children. Most houses have a hazard which may be well enough known to the family, but too often no effort is made to rectify it unless the danger is pointed out and "hammered home" by someone else. If some system of notification (either statutory or voluntary), to the Medical Officer of Health of the Sanitary Authority of aged persons could be instituted, it might be possible for the Sanitary Inspectors to accord priority in the inspection of their homes and give advice or take appropriate action which would lessen the possibility of accidents and fatal injuries.

The prevention of an accident at home may be very simple if only attention were directed to it in time, e.g. it may require only the wearing of correct spectacles, or a hearing aid, using a walking stick or wearing correct shoes. In the case of old people who seldom go out of doors the soles of the shoes become highly polished and should be roughened from time to time.

I should just like to mention one other type of accident in the home, viz. the accidental smothering in bed or cot of infants.

Statistics show that this is more likely to happen to a boy than to a girl, but no satisfactory explanation of this has been advanced.

SECTION IV.

FACTORIES ACTS, 1937 and 1948.

PART 1 of the ACT.

1. INSPECTIONS for the purpose of provisions as to health (including inspections made by the Sanitary Inspectors).

Premises.	Number on Register.	Number of		
		Inspections.	Written notices.	Occupiers prosecuted.
(1) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities.	33	42	nil	nil
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority.	11	15	1	nil
(3) Other premises in which Section 7 is enforced by the Local Authority. (excluding out-worker's premises)	-	-	-	-
TOTAL...	44	57	1	nil

SECTION IV (Continued).

PART 1 of the Act.

2. CASES in which defects were found.

Particulars.	Number of cases in which defects were found.			Number of cases in prosecuti were institute
	Found.	Remedied.	Referred to H.M. Inspector.	
Want of cleanliness. (S.1.)	-	-	-	-
Overcrowding. (S.2)	-	-	-	-
Inadequate Ventilation. (S.4)	-	-	-	-
Ineffective drainage of floors. (S.6)	-	-	-	-
Sanitary Conveniences (S.7) a) Insufficient.	-	-	-	-
b) Unsuitable or defective	-	-	-	-
c) Not separate for sexes.-	-	-	-	-
Other offences against the Act. (not including offences relating to outwork).	-	-	-	-
Total:	-	-	-	-

SECTION IV(Continued)

PART VIII of the ACT.
(Sections 110 and 111).

Nature of Work.	Section 110.			Section 111.		Prosecutions
	No. of outworkers in August list required by Sec. 110. (1)(c).	No. of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists.	No. of instances of work in un- wholesome premises.	Notices Served.	
Wearing apparel. (Making etc. Cleaning and Washing).	14	-	-	-	-	-
TOTAL.	14	-	-	-	-	-

SECTION V.

Laboratory Service.

The Public Health Laboratory Service is concerned with Bacteriology and Epidemiology in relation to the diagnosis, prevention and control of infectious diseases.

The Regional Public Health Laboratories are situated in Reading and in general undertake free of charge the bacteriological examination of all specimens relating to public health, including not only samples of a clinical nature but also, water, ice cream, milk and food samples. Generally speaking the routine work of the Laboratory falls under two main headings.

(a) "Medical" Specimens, from General Practitioners, Infectious Diseases Hospitals and Local Authorities.

(b) "Sanitary" Specimens, from Local or Food Authorities.

Although the direct control of infectious diseases is the function of the Medical Officer of Health, considerable assistance can be obtained from the laboratory by the investigations it undertakes, and the advice it can offer to the Public Health Department.

It is in addition a useful co-ordinating link between the General Practitioner and the local Medical Officer of Health and I have found it most desirable to maintain a personal relationship with the Director of the Laboratory.

The following specimens have been examined at the laboratories of the Public Health Service:-

Throat Swabs for Diphtheria Bacilli, Haemolytic Streptococci and
Vincent's Angina.....14.

Nasal swabs.....3

SECTION VI.

MISCELLANEOUS.

Rehousing on Medical Grounds.

Number of cases investigated.....7.

National Assistance Acts 1948 and 1951.

Section 47.

Number of cases investigated as in need of care and attention. 1.

Number of cases removed to hospitals or other institutions by Court Order.....Nil.

Milk and Dairies Regulations, 1949. - Article 20.

Number of investigations.....Nil.

SECTION VII.

CLINICS AND TREATMENT CENTRES.

Apart from the Maternity and Child Welfare Clinics all other Clinic Services and hospitals are situated in neighbouring districts within easy reach.

Maternity and Child Welfare.

Centre.	Location.	Sessions.	Session with Medical Officer.
Eton.	College Arms, High Street.	1st and 3rd Tuesdays.	3rd Tuesday.
Eton Wick.	Village Hall, Eton Wick.	1st Friday.	1st Friday.

Married Women's Advisory Clinics.

Slough.	-	The Health Centre, Burlington Road.	Fridays. (weekly)	2.30. - 4.p.m.
Slough.	-	Community Centre, Farnham Road. (24)	Wednesdays. (weekly)	2.30. - 4.p.m.

CLINICS (Continued).

CHEST CLINIC.

The Chest Clinic is at Kipling Memorial Buildings, Alma Road, Windsor, where appointments may be made with the Physician in Charge.

VENEREAL DISEASES.

King Edward VII Hospital, Windsor, (including Old Windsor Hillingdon Hospital, Hillingdon, Middlesex. Hospital). Royal Berkshire Hospital, Reading, Berks.

GENERAL HOSPITALS.

The Canadian Red Cross Memorial Hospital, Taplow.
King Edward VII Hospital, Windsor.
Old Windsor Hospital, Old Windsor.
Upton Hospital, Slough, Bucks.
Iver, Denham and Langley Cottage Hospital, Iver.
Maidenhead General Hospital, Maidenhead.

CHRONIC SICK.

St. Mark's Hospital, Maidenhead.
Old Windsor Hospital, Old Windsor.

PART III ACCOMMODATION.

Upton Hospital, Slough.
Old Windsor Hospital, Old Windsor.
St. Mark's Hospital, Maidenhead.

INFECTIOUS DISEASES HOSPITALS.

Maidenhead Isolation Hospital, Maidenhead.
St. John's Hospital, Uxbridge.

MATERNITY ACCOMMODATION.

Upton Hospital, Slough.
The Canadian Red Cross Memorial Hospital, Taplow.
Old Windsor Hospital, Old Windsor.
Colinswood Maternity Home, Farnham Common.
Princess Christian Maternity Home, Windsor.

ANTE AND POST NATAL CARE.

Facilities are provided by the Regional Hospital Board and Clinics conducted at all the main General hospitals and Maternity Homes in the surrounding districts as follows:-

King Edward VII Hospital, Windsor.	Ante Natal.	Monday Mornings.
King Edward VII Hospital, (Old Windsor) (Clinics held at Kipling Memorial Buildings, Alma Road, Windsor.)	Ante and Post Natal.	Friday mornings and Tuesday afternoons.
The Canadian Red Cross Memorial Hospital, Taplow.	Ante Natal.	2nd and 4th Thursday mornings each month.
Colinswood Maternity Home, Farnham Common.	Ante and Post Natal.	Every 3rd Monday morning (monthly) and every Wednesday morning
Upton Hospital, Slough.	Ante and Post Natal.	Monday morning and Thursday afternoon (Ante- natal). Monday afternoon and Friday morning (Post- natal).

SECTION VIII.

The following are the most important Official Publications received during the year related to the work of the Public Health Department.

1. Ministry of Food Circular MF1/54. - Milk and Dairies Regulations 1949 and 1953. - Approved Oxidising and Preservative Agents.
2. Ministry of Food Circular MF4/54. - Slaughtering Facilities.
3. Ministry of Health Circular 5/54. - Diphtheria Prophylaxis Campaign.
4. Ministry of Food Circular MF5/54. - Licensing and Provision of Slaughterhouses.
5. Ministry of Health Memorandum. H.M.(54)34. - Nursing of Infectious Diseases.
6. Ministry of Health Circular. 8/54. - Prevention of Tuberculosis.
7. Ministry of Food Circular. MF8/54. - Slaughter of Animals (Pigs)Act.1953.
8. Ministry of Health Circular 14/54. - Visiting Forces Act, 1952, Public Health (Aircraft) Amendment Regulations, 1952.
9. Medical Research Council. - Poliomyelitis Research Reports.
10. Ministry of Health Circular 18/54. - Poliomyelitis Medical Memorandum.
11. Ministry of Food Circular 12/54. - The Slaughterhouses Act, 1954.
12. Ministry of Food Circular 10/54. - Public Health (Meat) Regulations 1924 - 1952. Slaughtering and Meat Inspection.
13. Ministry of Food Circular. 17/54. - Milk and Dairies (Amendment) Regulations.1954.
14. Ministry of Food Circular 18/54. - The Slaughter of Animals(Prevention of Cruelty) Regulations,1954.
15. Ministry of Food Circular. 19/54. - The Milk (Special Designation)Raw Milk (Amendment)Regulations,1954.
16. Ministry of Health Circular 28/54. - Annual Reports of Medical Officers of Health.
17. Ministry of Food Circular 23/54. - Milk and Dairies Regulations 1949 - 1954. Approved Oxidising and Preservative Agents.
18. Ministry of Health Circular 29/54. - The Puerperal Pyrexia(Amendment) Regulations, 1954.

Annual Report of the Chief Sanitary Inspector.HOUSING.Housing Consolidated Regulations 1925 - Section 31.

31 (1) The number of houses which on inspection were considered to be unfit for human habitation...	57
31 (2) The number of houses the defects in which were remedied in consequence of informal action by the Local Authority or their Officers...	57
31(3) The number of representations made to the Local Authority with a view to	
(a) the serving of notices requiring the execution of works...	49
(b) the making of demolition or closing orders...	NIL
31 (4) The number of notices served requiring the execution of works...	NIL
31 (5) The number of houses which were rendered fit after service of formal notices...	NIL
31 (6) The number of demolition or closing orders made...	NIL
31 (7) The number of houses in respect of which an undertaking was accepted under subsection (2) of Section 19 of the Housing Act, 1930...	NIL
31 (8) The number of houses demolished...	NIL

During the year 115 visits were made in connection with the above; two houses were found to be in a fit state so as to be made reasonably fit for permanent habitation. First aid repairs were carried out to these properties which are being included in the 1955 housing survey. All defects were remedied by the owners following informal notices. It was not necessary, therefore for the local authority to take any formal legal action in default by the owners.

During 1954 twenty eight houses were completed by the Council; nine by private enterprise, one additional unit of accommodation provided by means of the conversion of an existing building and one unit provided by the partial completion of a war destroyed house.

At the 31st December 1954 the Council had under construction a further eight two - bedrooned flats and six semi - detached three bedrooned houses.

FOOD INSPECTION.

(a) Meat.

Since the de-control of meat in July, 1954, slaughter facilities for the Eton Urban District have been provided at the Slough Corporation slaughterhouse in Cippenham Lane, Slough. Slough Corporation provide an adequate inspection service covering this work. Other meat supplies are provided through wholesalers in Windsor and London and all the meat from this source has been fully covered by inspectors at the place of slaughter. In addition a total of 148 lbs. of meat in various quantities was found to be unfit for human consumption and was condemned by me and destroyed under my supervision.

There are no registered slaughtering facilities within the Urban District. There is one slaughterhouse, but this is not used.

I undertook on behalf of the Council to carry out such grading as may be required under the Pig Marketing Guarantee Scheme of any pigs which may be slaughtered by individual licence within the area, but I have to report that no applications were received and all slaughtering was carried out under proper control in registered premises.

(b) Milk.

The administration of the supply of milk from a public health point of view has fallen mainly under the control of the County Councils, Ministry of Agriculture and Fisheries and the Milk Marketing Board, in so far as the producing is concerned. All the milk retailed in this area is now pasteurised and is supplied daily, all already bottled, from outside the district. This condition was completed during the year and we saw the end of the small producer retailing direct to the householder. A total of six supplementary licences were issued, authorising the designations "pasteurised" and "tuberculin tested" in relation to milk which was sold by retail from premises outside the Urban District and two dealer's licences, authorising the use of the special designation "pasteurised", were issued for the retail of milk from premises within the Urban District but which is pasteurised outside the area.

There were no complaints concerning the milk supplied to the area generally; a complaint that milk supplied to the Eton Wick School had a peculiar taste was investigated, samples were taken, but the milk which was tested was found to be normal.

(c) Other Foods.

(i) Para. 7. Ministry of Health Circular 1/54.

Grocers.	8.
General Stores.	3
Inns.	8
Cafes.	9
Fishmongers.	1
Fried and Wet Fish.	1
Butchers.	4

(c) Other Foods. (Continued).

Bakers and Confectioners.	3.
Restaurants and Confectioners.	2
Sweets, Ice Cream and	
Tobacconists.	9
Greengrocers.	3
Dairies.	1
Bakehouses.	2
Tea Stalls.	1

(ii) General.

Upon inspection the following quantities of foods were found to be unfit for human consumption and were condemned and destroyed under my supervision:-

60 lbs. Fish,
7 lbs. Cream,
4 tins of Fruit
1 tin of Luncheon Meat,
1 cwt. of rice.

(d) Food Premises and Food Hygiene.

Inspections are made from time to time of premises supplying food for human consumption and there is generally a marked improvement in the storage and handling of food. It is pleasing to note that many items are pre-packed by the manufacturers and such things as butter and margarine which were so easily contaminated when supplied in bulk and cut up by the shopkeeper, are now almost completely wrapped by the manufacturer and are thus available to the public in a clean and proper state. The most encouraging item in this respect is ice cream and in all cases in the Urban District this is sold pre - packed and stored in proper refrigerators.

DRAINAGE AND SANITATION.

Throughout the year the whole of the sewage from the Urban District has been pumped into the Slough Corporation Sewerage Works for treatment and disposal. This is the first complete year of operation of this method of disposal and it has resulted in the maintenance of continuous automatic pumping with the result that the sewers have been kept clear and there has been almost negligible surcharging. Very excessive rainfall in December necessitated the use of a lagoon at Bell Farm to dispose of a quantity of excess surface water above three times the dry-weather flow.

There were no major sewer extensions during the year.

During the year thirty-seven new properties were connected to the public sewer.

Sixteen houses discharge into septic tanks, fourteen of which are outside a reasonable distance from the public sewer, and are emptied

as and when required by the Council.

Twelve houses still rely on bucket closets for their sanitation; no night soil collection is made and the occupants bury the contents of the buckets on their land.

The licensed caravan site is provided with water-borne sanitation connected to a cesspool. Two other licensed caravans are provided with chemical closets.

WATER SUPPLY.

Water to the area is supplied by the Windsor Corporation from their Waterworks at Tangier Island. A piped water supply is available to the whole of the district. The supply has throughout the year been maintained at an adequate pressure.

Windsor Corporation are supplying copies of the water analysis regularly, and these show that the water is being maintained at a proper standard of purity.

In addition to the area supplied by Windsor Corporation, Willowbrook and three cottages, the boat houses in Pococks Lane are supplied with piped water from the Slough Corporation Waterworks in Pococks Lane. In addition, three cottages are without a piped water supply and rely on wells for water.

There were no major extensions to the water mains or area of supply during the year.

During the year thirty seven new houses were connected to the public supply.

All water supplied to this area is chlorinated.

The Council provides a supply of water to Boveney Camp in the Rural District area.

REFUSE COLLECTION AND DISPOSAL.

(a) General. Every effort has been expended to maintain a weekly collection of refuse, but with the increased number of houses, general labour difficulties and increased holiday allocation, it has proved extremely difficult to cover the whole of the area with a weekly collection. Private arrangements with some of the College boy's houses whereby pigkeepers collected and disposed of the house refuse in exchange for the kitchen waste have proved unsatisfactory and the refuse collection service for an increased number of boys' houses has been taken over by the Council.

The Council collect a limited amount of refuse from business premises and provide facilities for shopkeepers and business premises to deposit their waste material on the Council's tip.

The refuse is disposed of by controlled tipping.

(b) Kitchen Waste. Throughout the Urban District kitchen waste is collected by private arrangements with the pigkeepers, and this has proved satisfactory.

DISINFESTATION.

Rooms in two houses were disinfected after notifiable infectious disease. There were no cases of bed bugs reported or dealt with during the year.

RODENT CONTROL.

All reported cases of infestation have been treated. Periodic treatment is carried out at the Council's refuse tip, pumping stations and farm. Steps are being taken to increase the trained labour force available for this work.

MOVEABLE DWELLINGS.

There were fourteen licensed caravans on two sites within the Urban area.
